



**Nebraska Part C Results Driven Accountability (RDA)  
Update  
January 14, 2013**

Background:

The initial meeting of the Part C Results Driven Accountability Stakeholders was held in conjunction with the OSEP Verification Visit in September, 2011. At that meeting, the Stakeholders confirmed that the goal of the RDA activities for Part C in Nebraska would be:

“To increase the MDT evaluation rate of infants and toddlers who are referred through CAPTA for evaluation to determine their eligibility for Early Intervention Services by 2013.”

Two hypotheses related to this goal were identified:

1. When families are located in order to obtain parental consent for initial evaluation, MDT evaluation rates increase.
2. Replacing non face-to-face initial screening practices (e.g. telephone and mail) with direct observation and supplemental information (e.g. medical, developmental, court records) increases MDT evaluation rates.

The stakeholders group generated a list of potential activities designed to address the hypotheses in order to attain the RDA goal. Available and potential resources to access in order to attain the goal were also identified.

In October, 2011, the IDEA Part C Federal Regulations (34 CFR Parts 300 and 303) were released. Guidance related to referral procedures (303.303) and screening procedures (303.320) was included in the regulations. Many of the activities suggested by the stakeholders group support the implementation of these sections of the regulations. It was determined by the Nebraska Part C Co-Leads that the RDA Plan developed by the stakeholders would facilitate the implementation of the Part C Regulations, therefore, no significant changes were made in the plan.

Summary of Activities Conducted to Address RDA Plan:

- Since the release of the regulations, training and technical assistance activities have been provided to Services Coordinators, Early Intervention service providers, Special Education administrators, Services Coordination Supervisors, and other personnel involved in EDN to ensure effective efforts are being made to secure parent consent for screening.
- EDN staff also have conducted a number of “Helping Babies from the Bench” seminars where similar information has been shared with judges, court employees, Health and Human Services staff, and mental health professionals to help them understand their role in providing

information about EDN and ensuring parents understand the importance of allowing their child to be screened for early intervention services.

- The Sarpy County Court (Omaha metropolitan area) has established a consistent day of the week when family court cases, including those involving possible CAPTA referrals, are heard by the court. An individual familiar with Early Intervention Services is available on-site to explain EDN and secure parent consent for screening.
- An IDEA Part C discretionary grant has been provided to the Parent Training Center (PTI-Nebraska) to support Family Care Enhancement specialists in pediatric practices in six locations in the state. These specialists are parents who have experienced Part C services. They assist the parents of children treated in the medical practice to complete required forms and access services including EDN.
- A new Nebraska Administrative Code-Rule 52 and NDHHS Services Coordinator Manual have been drafted and are moving through the rulemaking process for the respective agencies. The Rule includes requirements for school districts to adhere to a standard protocol when screening infants and toddlers who have been referred for early intervention service eligibility determination. The Manual includes the Services Coordinator's responsibilities related to screening and obtaining parental consent. Many of the steps recommended in the related procedures are those generated by the stakeholders group.

#### Expected Outcome of RDA Plan:

The stakeholders and Part C Co-Leads involved in the development and implementation of the RDA Plan anticipated that the number of infants and toddlers referred for EDN screening compared to the number of infants and toddlers who actually qualified to receive EDN services would increase as a result of implementing the plan.

Since the RDA Plan activities began in the spring of 2012, discrete statewide data related to these numbers has only been gathered for a few months. The data reported in the APR currently being prepared, included a combination of pre-RDA Plan practices and post-RDA Plan practices. The data gathered for submission in the APR due February, 2014, will reflect the implementation of new practices to secure parent consent for screening. At this date, it is not possible to determine the impact of the RDA Plan.

#### Barriers and Challenges to Implementation:

The development of a new NDE Rule and NDHHS Manual has consumed considerable time and involved extensive discussions to achieve coordinated documents satisfactory to the agencies involved in the Co-Lead structure. Numerous meetings have been convened with stakeholders to ensure they understand the concepts and implementation intent of the Federal Regulations as they have been translated into state rule.

The documents are currently under review by the legal counsel for the two agencies. Public hearings will be convened, and then the Nebraska Attorney General's office must approve the documents. At each step there has been a need for educating the individuals who do not work in

Part C on a daily basis. These activities have been more time-consuming and complicated than anticipated, preventing the Part C Co-Lead staff from pursuing other important activities.

Conclusion:

The Nebraska Part C Co-Leads continue to believe the RDA goal will improve the services to infants and toddlers with disabilities and their families. The Plan is sound and pertinent to our state's needs. With the completion of a full 12-months of implementation by the end of the next data collection period, the Co-Leads will be able to compare the pre-implementation data with post-implementation data to determine the impact of implementing new practices.

Next Steps:

1. Training dates are being set to provide additional professional development for MDT members, parents, administrators, and other interested individuals to help participants better understand the changes in Part C policies and procedures. Screening and assessment will be important topics to be included.
2. Data regarding the rate of children screened compared to those who are determined eligible for Part C services will be disaggregated by Planning Region Teams (geographical interagency councils) for analysis on a regional basis. PRTs will be encouraged and assisted in reviewing their local data.
3. The current Co-Lead projects and grant-funded activities will continue to expand understanding of the processes and procedures related to early intervention services.